

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK
GRANT PROGRAM AMENDMENTS

SEPTEMBER 23 (legislative day, SEPTEMBER 22), 1987.—Ordered to be printed

Mr. KENNEDY, from the Committee on Labor and Human
Resources, submitted the following

REPORT

[To accompany S. 1579]

The Committee on Labor and Human Resources, to which was referred the bill (S. 1579) to amend the Public Health Service Act to revise and extend the block grant program, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

I. SUMMARY OF THE BILL

As reported by the Committee, S. 1579 amends title XIX, part A of the Public Health Service (PHS) Act to extend and amend the authority for the Preventive Health and Health Services (PHHS) Block Grant. The bill extends the block grant for 3 years, through fiscal year 1990. It also includes programs designed to reduce the incidence of chronic diseases among the activities for which States may use their block grant allotments. The bill requires States to include in the description prepared by them on intended uses of block grant payments a description of the objectives to be attained and the programs and activities to be supported and services to be provided, and the numbers and populations to whom such programs, activities, and services will be directed to meet such objectives.

The bill amends the provision regarding annual block grant application requirements. The amendment requires each State to describe how it will evaluate the progress made in reaching stated objectives under the block grant and how it will evaluate the programs, activities, and services conducted with payments from the

block grant. It also requires assurances that the State will report periodically to the Secretary on the results of such evaluations.

As reported by the Committee, S. 1579 also amends section 1910 of the PHS Act (Emergency Medical Services for Children) to provide for the establishment of a National Center for Pediatric Emergency Medical Services and regional centers for such services. The bill authorizes grants to States, public and nonprofit private entities, and academic institutions for the development, establishment, and operation of regional centers for pediatric emergency medical services. Each such regional center shall train health professionals, provide for the appropriate use of bilingual personnel, conduct research, and conduct prevention activities, including the dissemination of information and public education through print and broadcast media. In making grants for such regional centers, the Secretary shall give priority to (1) States and medical schools which received grants under section 1910 as in effect on September 31, 1987; (2) applicants that will provide pediatric emergency medical services in rural areas; and (3) States that have only one designated trauma center. No grant shall be less than \$500,000 for a fiscal year. A grant shall be made for a 1-year period and may be renewed for two additional 1-year periods.

Section 1910 as amended by the bill directs the Secretary to make a grant for fiscal year 1988 for a study on the feasibility and advisability of establishing and operating a National Center for Pediatric Emergency Medical Services. The Secretary shall request the Institute of Medicine (IOM) of the National Academy of Sciences to apply for such grant, and, if the application is acceptable, to award such grant to the IOM. If the IOM does not submit an acceptable application, the Secretary shall request that appropriate nonprofit private entities apply and shall make the grant to the entity which submits the best acceptable application. Within 12 months after enactment of the bill, the grant recipient shall report to the Secretary on the results of the study and include recommendations on the feasibility and advisability of establishing a National Center. If, after reviewing the report and after consulting with the American Academy of Pediatrics and the American College of Emergency Physicians, the Secretary determines it feasible and advisable to establish a National Center, the Secretary is authorized to make grants for fiscal year 1988 and succeeding years for the establishment of a National Center. Such a National Center shall develop and disseminate appropriate standards for the provision of pediatric emergency medical services and for appropriate mechanisms to assure quality of such care; conduct activities to facilitate training of health professionals to provide pediatric emergency medical services, including minority health professionals; and develop and disseminate, through print and broadcast media, public information on prevention of, and appropriate responses to, pediatric emergency medical services, including information on available national, State, and local pediatric emergency medical services.

II. BACKGROUND AND NEED FOR LEGISLATION

"Improvement in the health status of our citizens will not be made predominantly through the treatment of disease, but rather

through its prevention," stated the 1979 Surgeon General's report on Health Promotion and Disease Prevention, Healthy People. Program activities in the areas of disease prevention and health promotion, risk reduction, health education, improvements in lifestyle, proper nutrition, exercise and physical fitness are playing an increasingly important role in improving the health status of Americans.

A major source of Federal funding for States to use in addressing preventive health needs is the Preventive Health and Health Services Block Grant, which was created with the enactment of the Omnibus Budget Reconciliation Act of 1981, Public Law 97-35. That legislation consolidated various categorical health programs into four health block grants. The Preventive Health and Health Services Block Grant consolidated eight Federal categorical health programs into a single authority of grants to the States. Under this block, States have been the recipients of allotments which they use for purposes similar to the activities conducted under the categorical authorities consolidated in the block. Specifically, States may use their allotments, under this block for:

- (1) Preventive health service programs for the control of rodents;
- (2) Preventive health service programs for school-based fluoridation programs;
- (3) Establishing and maintaining screening, detection, diagnosis, prevention, treatment, and follow-up programs for hypertension;
- (4) Community-based programs for demonstrating and evaluating optimal methods for organizing and delivering comprehensive preventive health services to defined populations, comprehensive programs designed to deter smoking and the use of alcoholic beverages among children and adolescents, and other risk-reduction and health education programs;
- (5) Comprehensive public health services;
- (6) Encouraging the establishment of home health agencies in areas where the services of such agencies are not available;
- (7) Feasibility studies and planning for emergency medical services systems and the establishment, expansion, and improvement of such systems; and
- (8) Providing services to rape victims and for rape prevention.

Each State's allotment of appropriations under the PHHS block grant is based on the proportion of funds it received under the various categorical programs consolidated in the block. The block grant took effect in fiscal year 1982 and the funding formula is based on each State's share of the combined categorical programs in fiscal year 1981. For services for rape victims and for rape prevention, the block contains a special set-aside: of the amount appropriated in any fiscal year for the PHHS Block Grant, at least \$3.5 million must be allotted to the States on the basis of population and made available for these services.

The effectiveness of preventive health measures has been demonstrated time and again across the Nation. The control of high blood pressure, for instance, has been shown to be one of the most effective measures for reducing death rates from heart disease and

stroke. Since 1978 the death rate from heart disease has fallen 10 percent; the death rate from stroke has fallen 25 percent. Achievements in control of high blood pressure, including a high level of public awareness of the dangers of this disease and the possibilities for its control, have contributed to these declining death rates.

The introduction and widespread use of vaccines have resulted in dramatic declines in the incidence of the seven major childhood infectious diseases—measles, mumps, rubella, polio, diphtheria, pertussis, and tetanus. Preventive health and health promotion measures have helped to contribute to declines in accidental deaths. In 1984, the overall motor vehicle death rate was down almost 20 percent from the 1978 rate. Decreases in motor vehicle deaths are attributable to many factors, including motor vehicle design, improved road conditions, improved medical care for crash victims, increased public awareness of the risk of drunk driving, and increased use of safety belts and child safety seats.

The changes in smoking behavior among the population of the U.S. since the release in 1964 of the first Surgeon General's report on Smoking and Health demonstrate how health promotion and disease prevention efforts can help people change their behavior to improve the health. Public health activities to inform the public concerning the dangers of tobacco use have helped convince millions of persons either to stop smoking or not to start. Since the mid-1960s, more than 35 million smokers have quit smoking. Between 1979 and 1985 the proportion of adult smokers 18 years of age and over declined from 34 percent to 30 percent. Data from a survey of high school seniors show a dramatic decline in daily use of cigarettes among this group, from 25.4 percent of high school seniors reporting daily use in 1979 to 19.5 percent in 1985.

States use their allotments under the PHHS Block Grant for a variety of activities designed to prevent disease and promote health among their populations. For instance, as reported by the Association of State and Territorial Health Officers, Alaska plans activities to reduce the use of smokeless tobacco by 15 percent among preschool and school-aged children who are presently "chewing." Arkansas will provide pamphlets and other support materials to physicians who provide comprehensive patient education on smoking, alcohol and drug abuse, exercise, nutrition, and stress. Iowa will offer smoking cessation courses for State employees. Maryland plans to provide high blood pressure detection referral, follow-up, and education programs aimed at all males under 50 and black males over 50 in nine local health departments and through four area agencies. Mississippi will provide accessible care of appropriate level to all patients with tuberculosis whose medical condition requires hospitalization. New Hampshire hopes to improve public access to emergency medical care, improve radio communication between hospital, pre-hospital personnel and public safety communications center. Ohio proposes to increase to 50 the number of local health departments conducting comprehensive health risk appraisal programs in their respective communities.

Public Law 98-555 in 1984 extended the authority for the PHHS Block Grant for 3 years, through fiscal year 1987. In addition, the 1984 reauthorization legislation established new authority for the Secretary to make grants to not more than four States to support a

program of demonstration projects for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care. This provision was established with the recognition that, of all patients receiving care in hospital emergency departments, approximately 20 to 35 percent are children or adolescents. In creating this authority, the Congress responded to its belief that insufficient attention had been paid to the needs of children for emergency care. Injuries are the leading cause of death for children over 1 year of age. In addition, those children in accidents whose lives are spared often are forced to live through years of disability and pain. Each year, nearly 18 million American children require emergency medical care. Children are not merely small adults, and particularly in providing for their medical emergencies, it is essential that health care facilities and personnel are properly equipped and trained to meet their special needs. The 1984 demonstration grant authority was designed to begin the process of upgrading emergency medical care services for children.

III. COMMITTEE VIEWS

The Committee notes with approval the large variety of preventive programs supported by states with funding from the Preventive Services Block Grant. In addition to programs which focus on needs which are specifically cited in the existing statute, states have chosen to support community risk appraisal projects, cancer screening, efforts at prevention of accidents and injuries, and a whole range of projects aimed at other worthy public health goals, as reported in the survey conducted by the Association of State and Territorial Health Officials. State health department directors have expressed their satisfaction with the flexibility in the current program to build on state resources, consider particular state needs and design programs accordingly.

However, the Committee also notes that it is essential to make the best use of the funds available through the block grant and would like to provide a mechanism that will assist states in spending these dollars wisely and carefully. Therefore, the Committee has added language which requires that specific objectives be included in the application submitted by states to the granting agency. The Committee expects states to submit a clear plan which specifies the population to be served, the services to be offered, and the objectives to be reached in implementing each project. The Committee also expects states to conduct an evaluation which describes whatever progress has been made toward reaching these objectives. By amending the statute with this requirement, it is the purpose of the Committee to foster good planning and evaluation in the use of the Preventive Services Block Grant funds. The Committee believes that this planning and evaluation process should clarify the benefits of federal dollars and provide a more precise instrument to the states to help achieve programmatic improvements. Though the bill as introduced required that states focus only on the areas of prevention delineated in the Surgeon General's report, *Healthy People*, this requirement was deleted before the bill was reported.

The Committee has added chronic diseases to the list of public health problems on which states are encouraged to focus with Title XIX funding. Presently, the largest proportion of dollars spent on chronic disease is spent on programs to treat and prevent hypertension. While the Committee recognizes the value of case finding for high blood pressure and the importance of treatment, the Committee would like to encourage states to consider engaging in activities to prevent other chronic diseases including Diabetes, Cancer, and the diseases caused by smoking. Two examples where such an approach has been shown to be effective include: the prevention of the long range complications of Diabetes and the cessation of smoking. Recent data compiled by the Center for Disease Control has demonstrated the possibility of preventing the disabilities associated with Diabetes through early intervention. The Committee is encouraged by these results. In addition, worksite wellness programs, such as that implemented by Johnson and Johnson have been very effective in reducing the rate of smoking and the expenditure of health and insurance dollars that would normally go to pay for the health costs associated with smoking. The Committee recommends a careful look at effective anti-smoking strategies, including worksite wellness, to prevent the many chronic diseases that are caused by smoking.

PEDIATRIC EMERGENCY SERVICES

The Committee has amended the Preventive Services Block Grant statute with a grant program to support the development and operation of regional centers for pediatric emergency medical services. The Committee expects such centers to support training of health professionals in pediatric emergency care, to conduct research on the prevention and treatment of pediatric medical emergencies, to help educate the public regarding prevention of such emergencies, and to devise strategies to assist in the needs of foreign language speaking families with pediatric emergencies.

The Committee is concerned about the difficulty of obtaining quality pediatric emergency services in a number of places in the country. Since pediatric hospital care has become concentrated in specialized pediatric hospitals, there are many hospitals which have little regular experience with pediatric patients. That lack of experience becomes an acute problem in the emergency rooms of those hospitals when children are brought there for emergency care either because the children have been taken to the nearest hospital or because of ignorance of the division of medical responsibility which exists among local hospitals.

The Committee feels it is essential that every hospital in the country with an emergency room be prepared to act quickly, effectively and appropriately to intervene and/or stabilize and/or transfer pediatric emergencies as is necessary to provide high quality medical care to our nation's children. Every hospital should have protocols to ensure that this happens which are well known to the staff of the emergency room. The Committee anticipates that the grantees who receive support from this program will work to accomplish this goal.

IV. VOTES IN COMMITTEE

There was only one vote in Committee, on whether to report the bill out. A technical amendment was added before the final vote. The technical was accepted without objection. The final vote was unanimous.

V. COST ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 18, 1987.

Hon. EDWARD M. KENNEDY,
Chairman, Committee on Labor and Human Resources,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the attached cost estimate for S. 1579 as ordered reported by the Senate Committee on Labor and Human Resources on August 5, 1987.

If you wish further details on this estimate we will be pleased to provide them.

With best wishes,
Sincerely,

JAMES BLUM
(For Edward M. Gramlich, Acting Director).

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: S. 1579.
2. Bill title: None.
3. Bill status: As ordered reported by the Senate Committee on Labor and Human Resources on August 5, 1987.
4. Bill purpose: To amend the Public Health Service Act to revise and extend the block grant program, and for other purposes.
5. Estimated cost to the Federal Government:

(By fiscal years, in millions of dollars)

Estimated authorization levels	1988	1989	1990	1991	1992
Preventive Health Service block grant	128.5	133.6	138.9		
Regional Centers for Pediatric Emergency Medical Services.....	4	4.2	4.4		
Study	1				
Total.....	133.5	137.8	143.3		
Total estimated outlays	84.2	113.4	135.1	52.3	24

The costs of this bill would fall within budget function 550.

Basis of estimate: The authorization level for the Preventive Health Services Block Grant is specified in the bill for each fiscal year 1988 through 1990. The authorization level for the regional centers for pediatric emergency medical services is specified in the bill for fiscal year 1988 only. S. 1579 would authorize such sums as may be necessary for the regional centers and for a national center in fiscal years 1989 and 1990. Up to \$1 million of the \$5 million authorized for regional centers would be set-aside for a one year study by the Institute of Medicine. The 1989 and 1990 authoriza-

tion levels for the continuing costs of the regional centers have been estimated by increasing the \$4 million authorized for their operation by the appropriate health services inflator.

This estimate does not include the cost of establishing a national center for pediatric emergency medical services. The bill authorizes the Secretary of Health and Human Services to make a grant for a national center only if it is determined to be feasible after reviewing a report prepared by the Institute of Medicine and consulting with the American Academy of Pediatrics and the American College of Emergency Physicians.

CBO assumes all authorized amounts are fully appropriated at the beginning of each fiscal year. Outlays are estimated by CBO using spendout rates calculated on the basis of recent program data.

6. Estimated cost to State and local government: None.
7. Estimate comparison: None.
8. Previous CBO estimate: None.
9. Estimate prepared by: Carmela Dyer.
10. Estimate approved by: C.G. Nuckols (for James L. Blum, Assistant Director for Budget Analysis).

VI. REGULATORY IMPACT STATEMENT

The Committee does not anticipate that S. 1579 will have any regulatory impact.

VII. SECTION-BY-SECTION ANALYSIS

Section 1 of the bill amends section 1901(a) of the Public Health Service (PHS) Act to extend the authority for the Preventive Health and Health Services Block (PHHS) Grant for three years at authorization levels of \$128.5 million for fiscal year 1988, \$133.6 million for fiscal year 1989, and \$138.9 million for fiscal year 1990.

Section 2 of the bill amends section 1904(a)(1)(C) of the PHS Act to include programs designed to reduce the incidence of chronic diseases as one of the community-based risk reduction and health education program activities for which States may use their allotments under the PHHS Block Grant.

Section 3 of the bill amends section 1905(d) of the PHS Act concerning the description required to be prepared by each State's chief officer and furnished to the Secretary on the intended uses of the payments received by the State under the Block Grant. This amendment requires that the description shall specify the objectives to be attained and the programs and activities to be supported and the services to be provided, and the numbers and populations to whom these programs, activities, and services will be directed to meet such objectives.

Section 4 of the bill amends section 1905(c) of the PHS Act concerning the annual application required from each State for the block grant. The amendment requires each State to provide a description of the manner in which the State will evaluate the progress made in reaching the stated objectives, and evaluate the programs, activities and services conducted with payments made to the State under the block grant and assurances that the State will

report periodically to the Secretary on the results of such evaluations.

Section 5 of the bill amends section 1910 of the PHS Act to provide for the establishment of National Center for Pediatric Emergency Medical Services and regional centers for the provision of such services. Subsection (a) of section 1910 as amended authorizes grants to States, public and nonprofit entities, and academic institutions for the development, establishment, and operation of regional centers for pediatric emergency medical services. Each regional center supported by such a grant shall—

(A) train health professionals to provide pediatric emergency medical services, including minority health professionals;

(B) provide for the appropriate use of bilingual personnel (in the case of centers serving substantial numbers of individuals who are not fluent in English);

(C) conduct research on the prevention and treatment of pediatric medical emergencies; and

(D) conduct activities relating to the prevention of pediatric medical emergencies, including activities to disseminate information and provide education to the public through the use of the print and broadcast media.

In making grants under this subsection, the Secretary shall give priority to—

(A) States and schools of medicine which received grants under section 1940 as in effect on September 30, 1987;

(B) applicants that will provide pediatric emergency medical services in rural areas; and

(C) States that have only one designated trauma center.

No grant under this subsection shall be less than \$500,000 for a fiscal year. A grant under this subsection shall be made for a 1-year period, and may be renewed for a two additional 1-year periods. No grant may be made under this subsection without an application submitted to the Secretary in such form, at such time, and containing such information as the Secretary shall prescribe. An application made by a public or nonprofit private health care institution shall contain information demonstrating that the applicant has experience in the delivery of, and the ability to deliver, pediatric medical services.

Section 1910(b) as amended by the bill directs the Secretary to make a grant for fiscal year 1988 for the conduct of a study to determine the feasibility and advisability of establishing and operating a National Center for Pediatric Emergency Medical Services which meets the requirements of subsection (d) as described below. The Secretary shall request the Institute of Medicine of the National Academy of Sciences to submit an application for a grant to conduct the study and, if the Institute submits an acceptable application, shall make such grant to the Institute. If the Institute does not submit an acceptable application, the Secretary shall request that one or more appropriate nonprofit private entities submit an application, and shall make the grant to the entity which submits the best acceptable application. This subsection requires the recipient of the grant, within 12 months after the date of enactment, to prepare and transmit to the Secretary a report describing the results of the study and containing recommendations concerning the

feasibility and advisability of establishing a National Center and such other recommendations as the recipient considers appropriate.

Section 1910(c) as amended by the bill authorizes the Secretary, if after reviewing the report required by subsection (b) above and after consulting with the American Academy of Pediatrics and the American College of Emergency Physicians, the Secretary determines it to be feasible and advisable to establish a National Center, to make grants for fiscal year 1989 and each succeeding fiscal year to an appropriate public or nonprofit private entity for the establishment of a National Center.

Section 1910(d) as amended by the bill describes the duties of the National Center for Pediatric Emergency Medical Services. Such a National Center shall—

(1) develop and disseminate appropriate standards for the provision of pediatric emergency medical care and for appropriate mechanisms to assure the quality of such care;

(2) conduct activities to facilitate the training of health professionals to provide pediatric emergency medical services, including minority health professionals; and

(3) develop and disseminate, through the print and broadcast media, information for the public on the prevention of, and appropriate responses to, pediatric medical emergencies, including information on available national, State, and local pediatric emergency medical services.

Section 1910(e) of the bill as amended authorizes appropriations to carry out the section of \$5 million for fiscal year 1988, and such sums as necessary fiscal year 1989 and 1990. Of the amounts appropriated for fiscal year 1988 up to \$1 million shall be available for the required feasibility study.

VIII. CHANGES IN EXISTING LAW

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in *italic*, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE XIX—BLOCK GRANTS

PART A—PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

AUTHORIZATION OF APPROPRIATIONS

SEC. 1901. (a) For the purpose of allotments under section 1902, there is authorized to be appropriated \$95,000,000 for fiscal year 1982, \$96,500,000 for fiscal year 1983, \$98,500,000 for fiscal year 1984, \$98,500,000 for fiscal year ending September 30, 1985, \$98,500,000 for the fiscal year ending September 30, 1986, [and] \$98,500,000 for fiscal year ending September 30, 1987, *\$128,500,000 for the fiscal year ending September 30, 1988, \$133,600,000 for the*

fiscal year ending September 30, 1989, and \$138,900,000 for the fiscal year ending September 30, 1990.

(b) Of the amount appropriated for any fiscal year under subsection (a), at least \$3,500,000 shall be made available for allotments under section 1902(b).

* * * * *

USE OF ALLOTMENTS

SEC. 1904. (a)(1) Except as provided in subsections (b) and (c), amounts paid to a State under section 1903 from its allotment under section 1902(a) and amounts transferred by the State for use under this part may be used for the following:

(A) Preventive health service programs for the control of rodents and community and school-based fluoridation programs.

(B) Establishing and maintaining preventive health service programs for screening for, the detection, diagnosis, prevention, and referral for treatment of, and follow-up on compliance with treatment prescribed for, hypertension.

(C) Community based programs for the purpose of demonstrating and evaluating optimal methods for organizing and delivering comprehensive preventive health services to defined populations, comprehensive programs designed to deter smoking and the use of alcoholic beverages among children and adolescents, and other risk-reduction and health education programs, *including programs designed to reduce the incidence of chronic diseases.*

* * * * *

APPLICATION AND DESCRIPTION OF ACTIVITIES

SEC. 1905. (a) In order to receive an allotment for a fiscal year under section 1902 each State shall submit an application to the Secretary. Each such application shall be in such form and submitted by such date as the Secretary shall require. Each such application shall contain assurances that the legislature of the State has complied with the provisions of subsection (b) and that the State will meet the requirements of subsection (c).

(b) After the expiration of the first fiscal year in which a State receives an allotment under section 1902, no funds shall be allotted to such State for any fiscal year under such section unless the legislature of the State conducts public hearings on the proposed use and distribution of funds to be provided under section 1903 for such fiscal year.

(c) As part of the annual application required by subsection (a), the chief executive officer of each State shall certify that the State—

(1) agrees to use the funds allotted to it under section 1902 in accordance with the requirements of this part;

(2) agrees to establish reasonable criteria to evaluate the effective performance of entities which receive funds from the allotment of the State under this part and procedures for procedural and substantive independent State review of the failure by the State to provide funds for any such entity.

(3) agrees to permit and cooperate with Federal investigations undertaken in accordance with section 1907;

(4) has identified those populations, areas, and localities in the State with a need for the services for which funds may be provided by the State under this part;

(5) agrees that Federal funds made available under section 1903 for any period will be so used as to supplement and increase the level of State, local, and other non-Federal funds that would in the absence of such Federal funds be made available for the programs and activities for which funds are provided under that section and will in no event supplant such State, local, and other non-Federal funds; [and]

(6) has in effect a system to protect from inappropriate disclosure patient and rape victim records maintained by the State in connection with an activity funded under this part or by any entity which is receiving payments from the allotment of the State under this part [.] ; and

(7) agrees to provide a description of the manner in which the State will—

(A) evaluate the progress made in achieving the objectives set forth by the State under subsection (d);

(B) evaluate the programs, activities, and services conducted with payments made to the State under subsection (a); and

(C) provide assurances that the State will report periodically to the Secretary on the results of evaluations conducted under subparagraphs (A) and (B).

The Secretary may not prescribe for a State the manner of compliance with the requirements of this subsection.

(d) The chief executive officer of a State shall, as part of the application required by subsection (a), also prepare and furnish the Secretary (in accordance with such form as the Secretary shall provide) with a description of the intended use of the payments the State will receive under section 1903 for the fiscal year for which the application is submitted, including information on the programs and activities to be supported and services to be provided. *The description shall specify the objectives to be attained, the programs and activities to be supported, the activities to be provided, and the numbers and populations of persons to whom the programs, activities, and services will be directed in order to meet the objectives set forth by the State.* The description shall be made public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during development of the description and after its transmittal. The description shall be revised (consistent with this section) throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State under this part, and any revision shall be subject to the requirements of the preceding sentence.

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[EMERGENCY MEDICAL SERVICES FOR CHILDREN

[SEC. 1910. (a) For activities in addition to the activities which may be carried out by States under section 1904(a)(1)(F), the Secre-

tary may make not more than four grants in any fiscal year to States or accredited schools of medicine in States to support a program of demonstration projects in such States for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care. Any grant made under this subsection shall be for a one-year period. Only one grant under this subsection may be made in a State (to a State or to a school of medicine in such State) in any fiscal year.

[(b) The Secretary may renew a grant made under subsection (a) for one additional one-year period only if the Secretary determines that renewal of such grant will provide significant benefits through the collection, analysis, and dissemination of information or data which will be useful to States in which grants under such subsection have not been made.

[(c) For purposes of this section—

[(1) the term 'school of medicine' has the same meaning as in section 701(4); and

[(2) the term 'accredited' has the same meaning as in section 701(5).

[(d) To carry out this section, there are authorized to be appropriated \$2,000,000 for fiscal year 1985 and for each of the two succeeding fiscal years.]

SEC. 1910. NATIONAL AND REGIONAL CENTERS FOR PEDIATRIC EMERGENCY MEDICAL SERVICES.

(a) GRANTS.—

(1) *IN GENERAL.*—The Secretary shall make grants to States, public and nonprofit private entities, and academic institutions for the development, establishment, and operation of regional centers for pediatric emergency medical services.

(2) *DUTIES OF CENTERS.*—Each regional center supported with a grant under this subsection shall—

(A) train health professionals to provide pediatric emergency medical services, including minority health professionals;

(B) provide for the appropriate use of bilingual personnel (in the case of centers serving substantial numbers of individuals who are not fluent in English);

(C) conduct research on the prevention and treatment of pediatric medical emergencies; and

(D) conduct activities relating to the prevention of pediatric medical emergencies, including activities to disseminate information and provide education to the public through the use of the print and broadcast media.

(2) *PRIORITY.*—In making grants under this subsection, the Secretary shall give priority to—

(A) States and schools of medicine which received grants under section 1910 of this Act (as in effect on September 30, 1987);

(B) applicants that will provide pediatric emergency medical services in rural areas; and

(C) States that have only one designated trauma center.

(3) *AMOUNT OF GRANT.*—No grant under this subsection for any fiscal year shall be less than \$500,000.

(4) *PERIODS OF GRANTS.*—A grant under this subsection shall be made for a 1-year period, and may be renewed for two additional 1-year periods.

(5) *APPLICATIONS.*—No grant may be made under this subsection unless an application is submitted to the Secretary in such form, at such time, and containing such information as the Secretary shall prescribe. An application under this subsection by a public or nonprofit private health care institution shall contain information demonstrating that the applicant has experience in the delivery of, and the ability to deliver, pediatric medical services.

(b) *FEASIBILITY STUDY.*—

(1) *GRANT.*—The Secretary shall make a grant for fiscal year 1988 for the conduct of a study to determine the feasibility and advisability of establishing and operating a National Center for Pediatric Emergency Medical Services which meets the requirements of subsection (d) (hereafter in this subsection referred as the "National Center").

(2) *APPLICATION.*—

(A) *SUBMISSION.*—The Secretary shall request the Institute of Medicine of the National Academy of Sciences to submit an application for a grant under paragraph (1).

(B) *ACCEPTABLE APPLICATION.*—If the Institute submits an acceptable application for a grant, the Secretary shall make such grant to the Institute.

(C) *NONACCEPTABLE APPLICATION.*—If the Institute does not submit an acceptable application for a grant, the Secretary shall request one or more appropriate nonprofit entities to submit an application for such grant and shall make the grant to the entity which submits the best acceptable application.

(3) *REPORT.*—Within 12 months after the date of enactment of this section, the recipient of a grant under paragraph (1) shall prepare and transmit to the Secretary a report describing the results of the study conducted under such paragraph and containing recommendations concerning the feasibility and advisability of establishing a National Center and such other recommendations as the recipient considers appropriate.

(c) *ESTABLISHMENT OF NATIONAL CENTER.*—

(1) *IN GENERAL.*—If, after reviewing the report required by subsection (b)(3) and after consulting with the American Academy of Pediatrics and the American College of Emergency Physicians, the Secretary determines it is feasible and advisable to establish a National Center, the Secretary shall make grants for fiscal year 1989 and each succeeding fiscal year to an appropriate public or nonprofit private entity for the establishment and operation of a National Center.

(2) *APPLICATION.*—No grant may be made under this subsection unless an application for such grant is submitted to the Secretary in such form, at such time, and containing such information as the Secretary may prescribe.

(d) *DUTIES OF NATIONAL CENTER.*—The National Center referred to in subsections (b) and (c) shall—

(1) develop and disseminate appropriate standards for the provisions of pediatric emergency medical care and for appropriate mechanisms to assure the quality of such care;

(2) conduct activities to facilitate the training of health standards to provide pediatric emergency medical services, including minority health professionals; and

(3) develop and disseminate, through the print and broadcast media, information for the public on the prevention of, and appropriate responses to, pediatric medical emergencies, including information on available national, State, and local pediatric emergency medical services.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—To carry out this section, there are authorized to be appropriated \$5,000,000 for fiscal year 1988, and such sums as necessary for fiscal year 1989 and for fiscal year 1990. Of the amounts appropriated under this subsection for fiscal year 1988 up to \$1,000,000 shall be available for the study required under subsection (b).

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